



CITY OF SANTA CLARA PARKS & RECREATION DEPARTMENT



Santa Clara Senior Center Registration Form January through December 2012

Please print all information clearly.

Date Received _____ Staff Initials _____

First Name

Last Name

Address (#, street, unit, city, state, zip code)

☐ Yes No ☐ I would like to receive City of Santa Clara e-mail updates with information about events and programs.

Email Address (If Yes) _____

Home Ph # (xxx-xxx-xxxx)

Cell # (xxx-xxx-xxxx)

Work # (xxx-xxx-xxxx)

Date of Birth (xx/xx/xxxx)

PARTICIPANT INFORMATION – Requested information (check all that apply).

Mobility Aids

☐ Cane

☐ Walker

☐ Scooter

☐ Wheelchair

Condition

☒

Medication/ Pertinent Information

1. Allergies (Food and Medication)

2. Angina

3. Asthma

4. Cancer

5. Congestive Heart Failure

6. Diabetes

7. Emphysema

8. Heart Attack

9. High Blood Pressure

10. Seizure

Date of last seizure:

11. Stroke

12. Other Special Needs

13.*Disability/Diagnosis (Check 1 box)

☐ Developmental Disability

☐ Neurological/Cognitive Disability

☐ Physical Disability

Brief Description:

☐ Personal Care Attendant; I am caring for:

☐ My Personal Care Attendant is:

EMERGENCY CONTACTS – Please list two people that we can contact in an emergency.

Name

Home Ph# (xxx-xxx-xxxx)

Cell # (xxx-xxx-xxxx)

Name

Home Ph# (xxx-xxx-xxxx)

Cell # (xxx-xxx-xxxx)

Office Use Only Below

☐ City of Santa Clara

☐ Santa Clara Annexed/SCUSD

☐ Non-Resident

CARD ISSUED: (check all that apply)

☐ Fitness Center/Natatorium

☐ Therapeutic Services (TRS) ID Fit *

☐ Santa Clara Resident

☐ Non-Resident Volunteer ☐ Woodshop

NO CARD ISSUED: (check all that apply)

☐ Lapidary

☐ Adventures to Go

☐ Non-Resident/Day Pass

GUARDCARD: No. _____

CLASS: Pin _____ Barcode _____

Input _____ Verified _____

Input _____ Verified _____

Last Name

SANTA CLARA SENIOR CENTER GUIDELINES FOR USE

I have read and agree to comply with the program guidelines for use of the Fitness Room and Natatorium, Lapidary Room, Woodshop, and Adventures to Go. Please initial _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I hereby release the City of Santa Clara, California ("City"), its City Council, representatives, employees, volunteers, agents, assigns, the Santa Clara Unified School District, its School Board, officers, agents, and employees from any and all claims, obligations, choices of action, and liability of any kind, arising out of or connected with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. The consideration for this release is my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. This release is intended as a full and complete release covering any possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center.

I HAVE READ THE GUIDELINES FOR USE OF FITNESS ROOM AND NATATORIUM, THE WOOD SHOP PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GO PROGRAM GUIDELINES, AND ANY OTHER GUIDELINES FOR USE OR PROGRAM GUIDELINES PERTAINING TO THE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR ACTIVITIES AT THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.

I have carefully read this Agreement and fully understand its content. All participants must sign this Agreement.

Date _____

Signature: _____ Print Name: _____

The City will maintain your medical history and information in conformance with all applicable laws to ensure its confidentiality.

For more information, contact the Santa Clara Senior Center:

1303 Fremont Street, Santa Clara, CA 95050

Phone: (408) 615-3170 Fax: (408) 246-0176

www.santaclaraca.gov

Supervisor's Comments: _____

Supervisor's Signature:

Date: _____

Problem File Notes:
